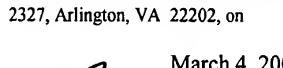




Case Docket No. USEMCR 003C1

Date: ~~March 4, 2003~~

Page 1

In re application of : Johnson, et al. ) I hereby certify that this correspondence and all marked  
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Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

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**CLAIMS AS FILED**

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	30	—	30	= 0 × \$18 = \$0
Independent Claims	3	—	3	= 0 × \$84 = \$0
If application has been amended to contain multiple dependent claim(s), then add			\$280	= \$0
Time Extension Fee				\$930
DEMESS1 00000031 10045186		TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$930	
930.00 0P				

- (X) A certified copy of PCT/AU00/00352 is enclosed.
  - (X) Return prepaid postcard.
  - (X) A copy of Form PCT/IB/332 for PCT/AU00/00352 is enclosed.
  - (X) Replacement sheet for Figure 3 with proposed amendments is enclosed.

- (X) A check in the amount of \$930 is enclosed to cover the three month extension fee.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.
- (X) Please use Customer No. 20,995 for the correspondence address.



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